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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/638,779	<b>FILING DATE</b> 08/15/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2761	<b>ATTORNEY DOCKET NO.</b> 16705-4906	
<b>APPLICANTS</b> Ralph D. Leisle, Wildwood, MO ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 09/28/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>                    </u> Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Clyde L Smith Howell & Haferkamp LC 7733 Forsyth Boulevard Suite 1400 St Louis ,MO 63105					
<b>TITLE</b> Computer program and method for determining the economic impact of long-term care					
<b>FILING FEE RECEIVED</b> 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		